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*Regional Priorities*

Local Health

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Achieving Health

**Results that matter**

*"Reaching for Excellence"*

# Integrated Health Services Plan IHSP2

*FINAL October 2009*

SouthEast **LHIN**

Local Health Integration Network

Réseau local d'intégration des services de santé

# Executive Summary

Ontario's provincial health-care system is large and complex. It is experiencing a number of challenges such as: an aging population, changing consumer expectations, scarce health human resources, unhealthy lifestyles and escalating costs. In order to address these challenges, our health-care system must become more adaptable and less fragmented. It must demonstrate evidence of integration of programs and services, and be more effective and efficient. In short, it must undergo a transformation that will focus on results, outcomes, operational efficiency, clinical excellence and long-term sustainability.

The current provincial health plan for Ontario sets out a vision and strategic direction to guide this transformation of our health- care system. It builds upon existing strengths and responds to emerging priorities.

The transformation is underway, led locally by each of the 14 Local Health Integration Networks (LHINs) in Ontario. Each LHIN is required to develop an Integrated Health Services Plan (IHSP) every three years to direct improvement of local health care services within its region.

This is the second Integrated Health Services Plan (IHSP2) for the South East LHIN. It builds upon the progress made to improve local health care since the first IHSP was approved in October 2006.

This report outlines how the plan was developed, and defines the alignment with the priorities set and agreed to by the Ministry of Health and Long-Term Care (MOHLTC). It describes the themes heard through community engagement and consultation processes, sets out the specific priorities the South East LHIN will focus on, and explains how the LHIN will demonstrate and measure success. In addition, there is an expectation that all health service providers will respond to local and regional needs, measure their performance, incorporate best practices and support meaningful community participation to ensure accountability to the South East LHIN.

The plan is entitled, *Reaching for Excellence* and has been formulated around six strategic pillars of excellence:

- Quality of Care
- Patients/People
- Integrated Service Delivery
- Effective Programs/Services
- Community Engagement
- Financial Health and Sustainability

*Reaching for Excellence* supports the LHIN in pursuit of its vision: *Achieving better health through proactive, integrated and responsive health care in partnership with an informed community*.

The IHSP2 focuses on strengthening primary care, integrating mental health and addictions services, providing supportive care and delivering specialized and emergency care. Improvement in these areas will be demonstrated through enhanced access to health-care services, improved overall system efficiency and better services for individuals with mental health and addictions needs. Improvement will also be achieved in part by support for health promotion and engagement of consumers in all aspects of their health-care delivery. There will be more emphasis on helping people stay healthy and better manage their long term health.

In all, there are 10 priorities set out in IHSP2 to assist the South East LHIN in creating an accessible and sustainable system for care. In turn, these priorities will also position care so that it is provided in the right place at the right time. These system improvements will enable the acute care system to be better able to focus on its role. The IHSP2 priorities are:

- Developing a System of Primary Health Care (page 19)
- Enhancing a Culture of Patient-Centred Care (page 20)
- Improving Mental Health and Addictions Services Capacity (page 21)
- Developing Regional Program Management (page22)
- Improving Access in Emergency Room Care (page 24)
- Reducing the Incidence and Prevalence of Alternate Level of Care (page 25)
- Implementing the Ontario Diabetes Strategy (page 26)
- Furthering Access Through E-health (page 27)
- Expanding Culturally and Linguistically Sensitive Health-care Services (page 28)
- Advancing System Improvement through Boards Working Together (page 29).

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1. Table of acronyms
2. Achievements from IHSP1
3. ReCAP Findings 2009
4. a) ENGAGE 2009: A qualitative analysis b) Community Feedback on Draft IHSP2
5. Programs & Services: A listing of existing resources in the South East LHIN *July 2009*
6. Companion document –Strategic Health Plan of the Mohawks of the Bay of Quinte

# 1. Introduction

The Integrated Health Services Plan (IHSP) is the three-year strategic plan for our local health-care system. All of the 14 Local Health Integration Networks (LHINs) in Ontario are required to develop strategic plans for their communities to guide the development of local health care in their area, as laid out in the *Local Health System Integration Act, 2006*. This plan is aligned with the strategic direction of the Ministry of Health and Long-Term Care to achieve coordination and integration of health services.

In partnership with health-care consumers, community members and health-care providers, the South East LHIN has developed this three-year plan, which responds directly to health-care service needs within our communities. This plan builds upon the progress that has been made to improve local health care since 2006.

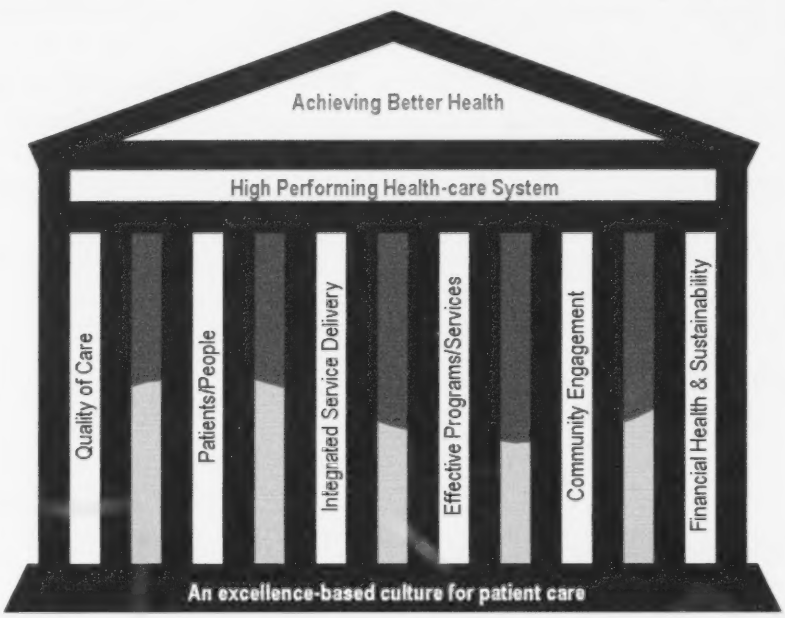
This is the South East LHIN's second IHSP. It is more specific and detailed than the first IHSP (IHSP1) that was approved in October 2006. IHSP2 articulates the results the LHIN wishes to see as it enters into the next three-year journey with specific deliverables related to local needs identified through community engagement, and an analysis of local demographics and utilization of services. The IHSP establishes an inventory of the region, analyzes our present state of services, establishes benchmarks to be achieved and sets standards for evaluation.

The plan sets out the key steps to be taken locally to address needs within the south east region, such as: reducing waiting times in emergency rooms; lowering the number of alternate level of care patients in hospitals; implementing the Ontario diabetes strategy; addressing the needs of individuals with mental health and addictions challenges; and moving forward with Ontario's e-health strategy.

*Reaching for Excellence* challenges health-care providers across the South East LHIN to explore possibilities for integration and improvements in the delivery of care, to meet goals and to measure results. Engaging our South East LHIN stakeholders regarding the future of health care is the foundation for the *Reaching for Excellence* strategy.

In designing a system of quality care that puts patients first, the South East LHIN is building upon six key principles, or **"pillars of excellence"** (See Figure 1) that provide the foundation for activities within the South East LHIN. These pillars assist the LHIN in aligning and priorizing operational goals by serving as the roadmap to help health-care providers navigate the journey to developing an excellence-based culture for patient care. These pillars provide the foundation for a high performing health-care system and thereby make a significant contribution to the overall improvement of population health. Each of these pillars is explained below:

*Figure 1: High Performing Health-care Systems*



- **Quality of care** involves provision of safe quality health care that is defined and measured. There is a commitment to improving community health status and access to care.
- **Focus on patients/people** means patients and staff are engaged in care delivery. Patients are satisfied with the quality of care experience. The focus is on the patient, not the provider. The patient is the ultimate decision maker about his/her care. Staff are engaged and satisfied with their work environment. There is equity and diversity within the system, with recognition of needs of specialized groups such as French language communities and Aboriginal populations.
- **Integrated service delivery** recognizes efficiencies through elimination of duplication of services and focuses on enhancements to care delivery through regionalizing services. There is a commitment to providing excellent and compassionate service to all.
- **Effective programs/services** lead to more efficient delivery of sustainable programs, maximizing the value of available funding to support patient care.
- **Community engagement** involves consultation with community residents, health-care providers and stakeholders to learn of needs and to be responsive.
- **Financial health and sustainability** are evidenced through our stewardship and commitment to be fiscally responsible in meeting the health-care needs of the region.

# 2. A VISION for Integrated Health Care

Canadians have grown to have high expectations for their health-care system. Oftentimes, they speak of five principles related to the *Canada Health Act*: accessibility, administration, portability, comprehensiveness and universality. They demand the right care at the right time from the right provider. In 2004, the *First Ministers' Health Accord* was created to help build the nation's health-care system, with additional long-term federal funding provided and provinces and territories agreeing to improve reporting to taxpayers on the performance of health-care services. The government of Ontario is positioning the provincial health care system to deliver high quality services, ensuring patient needs are available in the right place at the right time and ensuring services are cost effective. In Ontario, the health-care system should work to prevent sickness and improve the health of the people of Ontario (source: Ontario Health Quality Council, 2009).

## Provincial Vision

The Ministry of Health and Long-Term Care is a large and complex ministry and has divided the province into 14 local units or LHINs. The Ministry's provincial vision, as stated by former Minister of Health and Long-Term Care The Hon. George Smitherman in 2004, is *"a health care system that helps people stay healthy, delivers good care to them when they need it, and will be there for their children and grandchildren."*

## South East LHIN Vision

The South East LHIN vision fits under the umbrella of the broader provincial health vision. In turn, health service providers within the South East LHIN each need to align their focus to assist the South East in moving towards its vision for a regional integrated health-care system. Further, the South East LHIN expects all of its providers to ensure their own visions fit within the South East vision.

The South East LHIN vision was created by nearly 100 citizens from across the region who took part in an innovative panel on health. They collectively wrote the vision after participating in dialogue about the IHSP1 priorities and learning about the complexity of the south east health system, demographics, capacity and future estimates of demand for services.

**The vision for the South East LHIN health system is:**

*"Achieving better health through proactive, integrated and responsive health care in partnership with an informed community."*

The vision statement is a commitment to improvement in individual and population health status. It commits to focus on needs before they become problematic and to provide for integrated or seamless care within the continuum of care, in partnership with internal and external stakeholders. It also refers to an informed community that understands how to access the system and maintain optimal health.

## Integration

In order for the South East LHIN to move forward with better delivery of services and programs in a more sustainable way, there must be integration of care delivery. But what does integration really mean? Integration is simply more effective management through alignment of independent and interdependent organizations with unique goals and objectives. The purpose of health system integration is to achieve seamless care: improving the match between single and multiple services; and enabling effective and efficient use of the resources available.

Integration of health services will assist patients and clients in accessing the various components of care they require at the right time and in the right place. It will also support the quality of patient care by ensuring the right health information is available to enable the right health service providers to deliver the most appropriate care at the optimal time.

Furthermore, integration of health resources will allow the system to maximize the value of services delivered from our available health-care funds.

Two types of integration should be evident under the LHIN model: horizontal and vertical integration. Horizontal integration involves similar organizations providing similar services across a region to develop standards for consistent quality care – i.e., hospitals providing hip and knee surgery. Vertical integration occurs across sectors – i.e., hospitals, long term care, mental health and other sectors/providers, often in smaller geographic areas within a LHIN region.

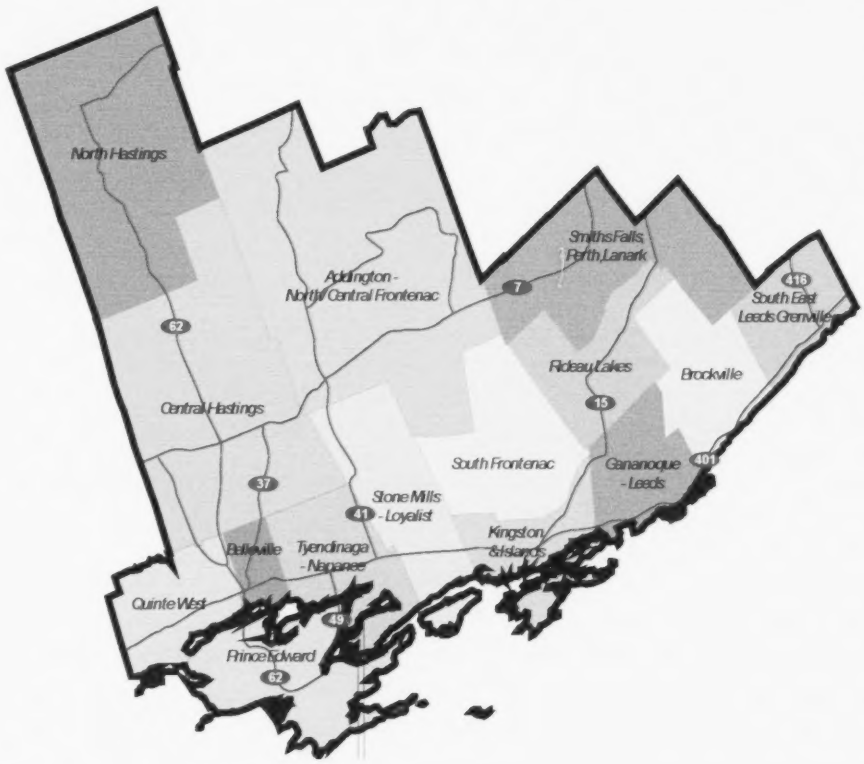
Integrated health systems demonstrate well developed performance monitoring systems including indicators/performance measures that enable close monitoring of outcomes. There is growing evidence that implementing an integrated health system requires leadership with vision and an organizational culture congruent with the vision. This leadership is particularly important when working across the continuum of care where differing organizational cultures are brought together.

Barriers to successful integration may be different cultures, acute care mindsets, lack of engagement and weak governance. In order to successfully integrate services within the South East LHIN, the following need to be in place: integration of leadership; coordination of patient-centred care; system level strategic planning, and accountability measures. Integration of health systems requires much planning; redirection of resources; and interactive, interdependent relationships among the organizations involved. An integrated health system in the South East will lead to sustainable high quality of care and better health outcomes.

# 3. Overview of the Current Local Health-care System

The South East LHIN covers 19,473 square kilometers of land mass and is the largest rural health region in southern Ontario.

*Figure 2: Map of the South East LHIN*



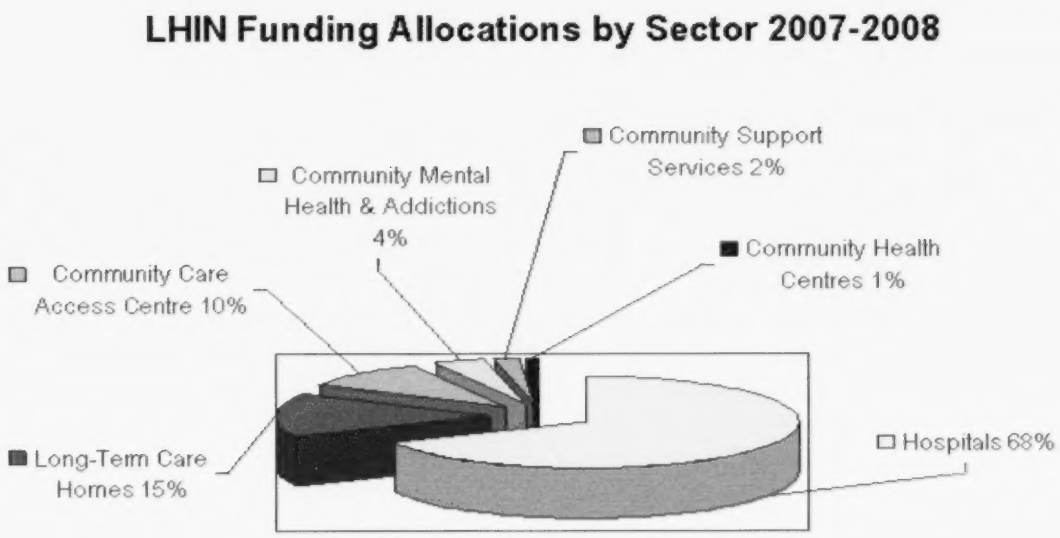

## Key facts about the South East LHIN

- Population of approximately 481,000 (2007) - represents 3.7% of Ontario's total population
- Extends from Brighton in the west to Prescott and Cardinal in the East, north to Perth, Smiths Falls and Bancroft and south to the USA border
- Receives 4.5% of the total funding to all LHINs
- Half of region's residents live in rural areas scattered across the region; the other half lives in more densely populated areas along the Highway 401 corridor, including Kingston, Belleville and Brockville
- Has the highest percentage of residents aged 65 years and older
- High rates of arthritis, asthma, diabetes, heart attack and high blood pressure
- The South East LHIN is responsible for funding more than 100 health care programs/services. They include:
  - ❖ 6 acute care (academic/tertiary, secondary and small rural) hospitals (including the regional cancer centre) operating 10 sites
  - ❖ 1 specialty hospital operating 2 sites providing complex continuing care, rehabilitation, and mental health services
  - ❖ 36 long-term care homes
  - ❖ 1 interim long-term care home
  - ❖ 2 children's treatment centres
  - ❖ 4 community health centres operating 6 sites. One more CHC, including a satellite, is in development
  - ❖ 1 community care access centre
  - ❖ 19 organizations providing mental health and addictions programs
  - ❖ 32 community support service agencies

The July 2009 *Listing of Programs/Services* has a more detailed portrayal of the services provided by each of the organizations within the South East LHIN (see Appendix 5).

LHINs are responsible for funding and accountability for hospitals, community care access centres, community support services, mental health and addictions agencies, long-term care homes and community health centres. The South East LHIN's budget in 2009/2010 is approximately $920 million. Funding allocations are seen in Figure 3.

*Figure 3: Funding allocations for the South East LHIN*


LHIN Funding Allocations by Sector 2007-2008
Community Support Services 2%
Community Mental Health & Addictions 4%
Community Health Centres 1%
Community Care Access Centre 10%
Long-Term Care Homes 15%
Hospitals 68%

# 4. Framework for Planning

The IHSP2 was built from an understanding of five main bases for our local health-care system planning. These include:

- Regional Capacity Assessment and Projections (**ReCAP**), a significant quantitative analysis of the current health status and services in the South East and projections for the future
- **ENGAGE 2009**, an extensive qualitative community engagement program
- Achievements and implementation of priorities identified in **IHSP1**, and an understanding of what remains to be accomplished
- Current **provincial** Ministry of Health and Long-Term Care **priorities** being furthered by all LHINs
- Lessons learned from literature about **high performing health-care systems.**

## Regional Capacity Assessment and Projections (ReCAP)

ReCAP (see Appendix 2) represents a systematic analysis of data to determine current utilization of health-care services and forecasts for the future based on population growth. It is an advanced analysis of current and projected demand for health care in the South East. Part of the work involved a review of information describing our population, its health status, and how it uses current health-care services. The analysis involved what services are now delivered in the LHIN and how they are configured. The analysis also projected what people will need from the health-care system until 2012 if no changes are made in how we deliver care (i.e. status quo).

ReCAP provided an analysis of:

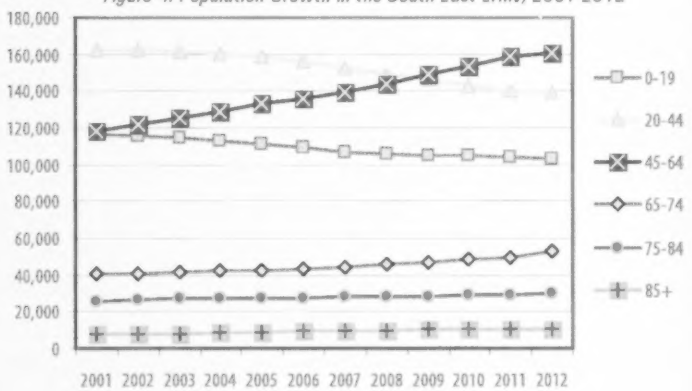
- Where we are now
- Where we are going if the demand for health care grows and nothing changes
- What the impact will be on health-care providers and whether they have the capacity to be more efficient.

## Emerging themes

### Demographic and Health Status

- In fiscal 2007, the population of the South East LHIN was 481,000 with over 17% of people aged 65+. Overall, the South East has a higher percentage of elderly individuals than the rest of the province (13%).
- Data projections suggest that most of the population growth in the region will occur in the 45-64 and 65-74 age groups. Growth in the older age groups is not expected to be substantial between fiscal 2007 and 2012. Consequently, the aging of the population is not likely to be a major cost driver of health care in the short term.

*Figure 4: Population Growth in the South East LHIN, 2001-2012*



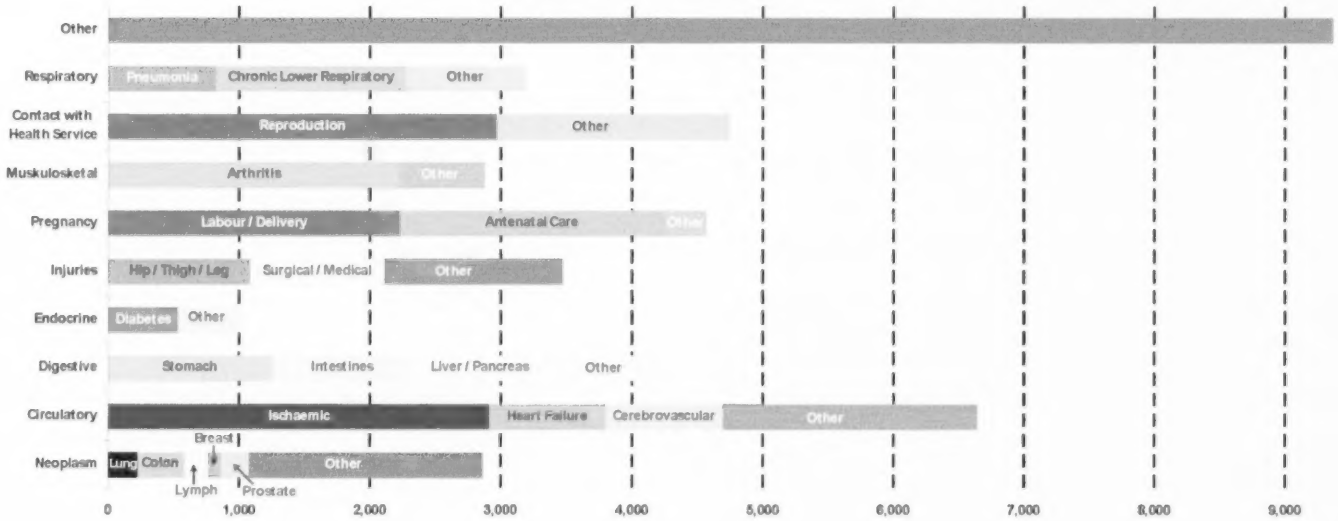

- Chronic diseases such as cardiovascular disease (primarily heart disease and stroke), cancer and diabetes are among the most prevalent, costly and preventable of all health problems.
- Compared to the Ontario population, the South East LHIN has a higher frequency of chronic diseases (arthritis/rheumatism, diabetes, asthma, heart disease, cancer and high blood pressure). Prevalence of chronic disease has been increasing between fiscal 2001 and 2005. These diseases account for slightly less than 90% of all deaths. Health Canada predicts deaths from chronic disease will likely increase – most markedly, deaths from diabetes will increase by 44%.

- A large percentage of the South East LHIN's population lives in rural areas scattered across the region, with limited transportation options to access care.

**Health Service Demand**

- Most of the smaller hospitals have less than 5 visits to their Emergency Department (ED) between midnight and 6 a.m. Some of these hospitals have more than 15% of emergency room visits that could be managed elsewhere.
- South East LHIN hospitals provide acute care for a range of chronic and other conditions, the most frequent being circulatory, pregnancy-related, digestive or injuries – see Figure 5.
- Cardiology (13.3%), obstetrics (11.8%), neonatology (11.0%) and orthopedics (7.9%) accounted for the majority of acute inpatient separations in the South East LHIN.
- To meet the South East LHIN's 2009 target of alternate level of care days (13% or less of total acute inpatients days) requires a reduction of 25% in the current 45,000 ALC days.
- The highest percentage (47%) of alternate level of care days was to patients waiting for transfer to continuing care institutions followed by those waiting for home care (with 23% of ALC days).
- For individuals aged 65+, utilization rates for inpatient rehabilitation is lower in the South East LHIN than the rest of the province.
- Between fiscal 2006 and 2007, there was a 5% increase in the number of adult inpatient mental health admissions, but a drop of 4% in the number of bed days (most of which was as a result of divestment of patients from Providence Care returning to the community).
- In fiscal 2007, the majority of visits to South East LHIN Community Health Centres (CHCs) were for nurses followed by physicians and nurse practitioners. Other patient visits were made to social workers, nutritionists, health counsellors, chiropodists and therapists.

*Figure 5: Most Responsible Diagnosis for Acute Inpatients in the South East LHIN Hospitals, Fiscal 2007*



- South East Community Care Access Centre (SE CCAC) admission rates for individuals 75+ are slightly higher than those in the province.
- Although meals on wheels, transportation and congregate dining are provided as part of the Community Support Services (CSS) to all regions in the South East LHIN, there are some areas that receive proportionally less service.
- The number of referrals for attendant outreach services in the South East LHIN is continuing to increase with time.
- After fiscal 2007, modest increases are expected in rehabilitation, radiation, complex continuing care and acute medical care while only marginal or negative growth is likely be demanded in the other services – see Table 1.

**Health Service Supply**

- Between fiscal 2003 and 2007, while the number of family physicians in the LHIN remained relatively constant, there was a slight increase in the number of specialist physicians.
- The number of registered nurses and registered practical nurses did not notably change during the period.
- Volunteers are a major resource component of the workforce among community health service providers. There are at least 4,800 volunteers within the 33 community health service providers.

With small populations spread across a large area, a coordinated model of integrated care delivery is required to ensure access to health-care services. Overall, ReCAP demonstrated that the current health-care system capacity is sufficient to meet the needs of our population over the course of IHSP2, but reallocations will be required.

*Table 1: Reported and Projected Volumes for Key Health Services, 2007 / 2012*

| Sector | Service | Unit | 2007 | 2012 | Annual % Growth |
|---|---|---|---|---|---|
| Hospital | Emergency Department | Visit | 284,400 | 290,100 | 0.4 |
| Hospital-Inpatients | Acute-Medical | Separation | 17,110 | 17,200 | 2.3 |
| | Acute-Surgical | Separation | 11,530 | 12,370 | 1.4 |
| | Acute-Pediatrics | Separation | 1,920 | 1,890 | -0.3 |
| | Acute-Newborn | Separation | 4,450 | 4,290 | -0.8 |
| | Acute-Obstetrics | Separation | 4,690 | 4,330 | -1.6 |
| | Rehabilitation | Separation | 560 | 750 | 6.1 |
| | Complex Continuing Care | Separation | 960 | 1,110 | 2.9 |
| | Mental Health | Separation | 2,260 | 2,300 | 0.4 |
| Hospital - Day / Night Procedures | Surgical/Post Anesthetic Recovery Room | Visit | 53,950 | 58,390 | 1.6 |
| | Oncology | Visit | 17,070 | 16,350 | -0.9 |
| | Dialysis | Visit | 43,540 | 47,340 | 1.7 |
| | Cardiac Catetherization | Visit | 2,100 | 2,000 | -1.0 |
| | Radiation | Treatment | 20,750 | 24,210 | 3.1 |
| CCAC | Home Care | Referral | 29,950 | 32,800 | 1.8 |
| | | Assessment | 26,040 | 28,620 | 1.9 |
| | | Admission | 20,410 | 22,420 | 1.9 |
| Community Support Services | Meals on Wheels | 1 meal delivered | 2,730 | 2,855 | 0.9 |
| | Transportation | 1 way trip | 3,850 | 3,774 | -0.4 |
| | Congregate Dining | 1 attendance | 8,960 | 7,814 | -2.7 |

## ENGAGE 2009 - Community Engagement

An extensive community consultation series of events designed to allow the LHIN to listen to a variety of its stakeholders was held in 2009. While community engagement is one of the South East LHIN's pillars of excellence, there is also a statutory obligation to engage stakeholders in decision–making. The *Local Health System Integration Act, 2006* states "health needs and priorities are best developed when the community has input that informs the making of decisions."

The community engagement phase of IHSP2 represents a qualitative analysis of thoughts, ideas and perceptions from across the region (For full report, see Appendix 5). There were five phases in obtaining public input: a health care providers' workshop, a citizens' panel and community open houses; focused discussions, and finally, a public review and response to the draft IHSP2.

The South East LHIN used a five question survey that was available to everyone on the website. In all, there were 268 responses. The same survey was used with all ENGAGE event participants.

### Four key stakeholder groups engaged

- A two-day health service providers' workshop allowed providers to receive information from ReCAP and participate in developing possible future states, as well as to participate in crafting future roles among health service providers and health service sectors.

- A citizens' reference panel on health priorities and integration engaged 36 people who were randomly-selected and spent three Saturdays learning about the health-care system, and who made recommendations for the future. The panel also hosted a town hall meeting in Kingston that further engaged more members of the public in the health-care dialogue.

- Community open houses and public consultation were held in 15 communities throughout the region. These drop-in style meetings gave front line health-care workers, municipal officials, business people and members of the public an opportunity to talk to LHIN board members or staff about their experiences, beliefs and ideas for health care in the South East.

There were also focused discussions: Open houses and consultations with Francophone, Aboriginal, Métis populations, labour groups and physicians (hosted jointly with the Ontario Medical Association) provided focussed discussions on the needs of the constituents of our population.

### Emerging themes

- There are significant pressures recruiting and retaining health care professionals within the South East.
- There is a desire for more funding for health-care services and health-care professionals.
- There is need for a sound plan.
- Access to care is still a concern for many.
- People described a shortage of primary care physicians even in communities where physicians described a lack of patients.
- More long-term care beds are thought to be needed for our seniors.
- There is no supportive housing available for the elderly in the South East. (There is supportive housing for clients with mental health issues (except in Hastings-Prince Edward) and some supportive housing is also being developed for those with addictions.)
- Gaps are perceived in the delivery of services between youth and adults (particularly around mental health).
- People want walk-in clinics for primary health care and non-urgent care.
- Rural health service delivery faces transportation challenges.
- End of life care needs to be more accessible and coordinated.

## Achievements and Implementation of IHSP1

In October 2006, the South East LHIN released its inaugural IHSP based on the most pressing needs of its communities, the priorities of the province and opportunities for new and emerging trends in health-care delivery.

Seven priorities for change were identified and have driven planning for delivery of health services. The priorities included:

- Improving Access to Care
- Improving Availability of Long-Term Care Services
- Integrating Services Along the Continuum of Care
- Engaging Aboriginal Communities
- Ensuring French Language Services
- Integrating E-Health
- Creating a Regional Health Human Resources Plan

A significant amount of work has been carried out in each of these areas (see Appendix 2). Since creation of IHSP1, the South East LHIN has further refined the priorities into six major areas upon which planning efforts are focused. They include:

A. Strengthening Primary Health Care

B. Providing a System of Supportive Living

C. Integrating Mental Health and Addictions Services

D. Delivering Specialized and Emergency Care

E. Culturally and Linguistically-Sensitive Health Care Services

F. Leadership

Following are some highlights of successes in the South East LHIN to date in each of those key areas. Recognizing that some work currently underway still needs to be completed; there is also an outline of work that is planned to continue.

### Primary Health Care

Developing a system of primary health care supports the South East LHIN's goal of ensuring everyone who wants access to primary health care gets access to primary health care.

Primary care is the point where most people first seek health-care assistance. This is usually through a visit to a family doctor or nurse practitioner, a family health team, or community health centre. Having access to a primary health-care provider allows patients coordinated access to information, screening, diagnostics and early treatment, proper management of their chronic condition, referrals to specialists, and access to other resources available in the community.

Primary care involves a holistic approach that is built on a foundation of patients being informed and knowing how to self manage their health. It includes disease prevention and early intervention to reduce the frequency of disease, the severity of chronic conditions, and the need for emergency room visits and/or hospitalization.

The South East LHIN helped create a Primary Health Care Council to advise the LHIN of ways that primary care services can be better coordinated and delivered. While the LHIN is responsible for only a limited amount of primary health care, it works with family health teams and other primary health-care providers. The South East LHIN also led the development of the provincial Health Care Connect registry which matches unattached patients to primary health-care providers. From the time it was launched in February 2009 and July 31, 2009, 2,545 unattached patients in the South East LHIN have gained access to primary health care.

The South East LHIN will continue to develop primary health care as a system of care and increase its accessibility to our population.

### System of Supportive Living

Supportive living provides community-based services to people who need help in order to live independently and remain as healthy as possible. A first-of-its-kind approach to providing supported living assistance through the Seniors Managing Independent Living Easily (SMILE) program was launched in the South East LHIN and evaluation of results continues. SMILE is an innovative program that offers individualized care plans and budgets to address the needs of seniors who are admitted to the program and caregivers who support them in their instrumental activities of daily living.

Many patients who utilize supportive care are impacted by one or more chronic health conditions or are recovering from an acute illness or injury. Chronic conditions such as cancer, disabilities from stroke, chronic respiratory disease, diabetes and heart disease are leading causes for death (source: World Health Organization). Patients with these chronic conditions may benefit from supportive services. Supportive care agencies deliver the services required by patients to maintain activities of daily living such as personal care, essential housekeeping, assistance with meals, bathing, medication administration and medical appointments.

The South East LHIN will continue to build the supportive care component of the health-care system in an effort to provide individuals with more options and to decrease demand on acute care resources.

## Mental Health and Addictions Services

Improving access to services for any individuals afflicted with mental health or addictions challenges means moving care from hospital and institutional environments to a specialized community model. This improvement will require a realignment of fiscal resources to support community providers in the delivery of care. In addition, maximizing the efficient use of psychiatry services will be required to ensure equitable access to services across the region.

In the past two years, consumer survivor initiatives in the South East LHIN have been integrated, with one consolidated agency providing oversight and streamlining services. Further, three points of entry are being developed among mental health agencies across the region. Finally, divestment of mental health services continues at Providence Care in Kingston and Royal Ottawa Health Care Group in the Brockville area, resulting in a significant focus on mental health services planning for the South East LHIN.

We need to continue to build a system of community mental health care to support consumers and their families.

## Specialized and Emergency Care

Development of specialized and emergency care means that patients will have improved access to emergency care, spend less time in the emergency room waiting to be seen, have good health-care outcomes, and be satisfied with the level of care received. In addition, waiting times for laboratory tests and other procedures will be reduced so that patients can be diagnosed and treated sooner. By reducing the number of alternate level of care (ALC) patients in hospitals, acute care hospital beds will be freed up for people who need the bed; this in turn will lower emergency room wait times by improving the flow of patients throughout the health-care system.

Integrating access to medical specialists across the region, not just at each hospital, will mean better matching of medical skills to special patient needs, better health outcomes, and improved work life for health-care providers.

More specifically, the South East LHIN has been focusing its support in several key areas, including:

- Supporting the Cancer Centre of Southeastern Ontario to improve the diagnosis of cancer, reducing the impact on society through effective and early screening detection and improved patient satisfaction.
- Ensuring timely, safe, effective and appropriate critical care by integrating critical care units across the region and establishing protocols to provide critical care surge capacity.
- Working to improve the heart health of residents by ensuring timely access to quality cardiac care through regional collaboration.
- Streamlining surgical care across the region by standardizing referrals for surgery, and improving access for diagnostic imaging services and laboratory work prior to surgery.

As we build community services such as primary care, supportive care, and mental health and addictions services, we will strengthen the ability of our hospitals to provide acute care.

## Culturally and Linguistically Sensitive Health-care Services

With the designation of Kingston under the *French Language Services Act* in 2009, significant work continues with identified

French language health service providers as they implement plans for French service designation. Further, the South East LHIN itself continues to work towards its designation under the Act.

Over the course of the past few years, the South East LHIN Board and staff have been dedicated to fostering stronger relations with Aboriginal communities in the region in order to ensure we work together to best meet needs for health-care services. The LHIN looks forward to furthering these important relationships.

### Leadership

Transformational change requires strong LHIN leadership and commitment from health service providers – from governors to executives to front-line staff. This level of commitment is growing through the work of the Collaborative Governance Development Team and in the rapport being built in our day-to-day interactions.

## Provincial Priorities

The Ministry is developing a strategic plan for the health-care system. The 10-year plan will include a vision, priorities and strategic directions for Ontario. It will reflect a patient focused approach, be results driven, illustrate integration and be sustainable. The Ministry goal is to "modernize the health-care system."

As we await the 10-year strategic plan for Ontario's health-care system, the LHINs have agreed to focus on improving access to care in five provincial priorities:

- Reducing wait times in emergency departments
- Reducing the time patients spend in alternate level of care in hospitals
- Supporting the roll out of Ontario's diabetes strategy
- Enhancing mental health and addictions services
- Building on an e-health framework.

### Reducing Wait Times in Emergency Rooms

Ontarians are entitled to safe, reliable, appropriate and high quality care when they visit an emergency room. With decreased waiting times come improvements in the patient's experience. To achieve shorter emergency room wait times, LHINs must improve performance across the entire health-care system. Bottlenecks in one area often impact other areas of the hospital.

Patients with non-urgent needs account for almost half of all emergency room visits. Thus, the LHINs are building health service capacity within their communities so people can access appropriate care outside the emergency room. The Ministry has set provincial targets and requires LHINs to report wait times to the public.

### Reducing Time in Alternate Level of Care

Close to 19% of patients currently in Ontario acute care hospital beds are considered alternate level of care (ALC). They may be waiting for additional services to support them in returning home, admission to a long-term care home or rehabilitation care beds. This may potentially prevent another patient in the emergency room from being admitted to an acute care bed, thus creating a backlog leading to longer waiting times in emergency rooms.

The LHINs are working with the Ontario government on a variety of initiatives that will help patients get the care they need – whether that is in a hospital, in a long-term care home or rehabilitation care facility, in the community or at home.

### Supporting Ontario's Diabetes Strategy

Ontario's diabetes strategy will help tackle a growing – and expensive – health-care challenge. In 2008, about 900,000 Ontarians were living with diabetes (8.8% of the province's population). The number of Ontarians with diabetes has increased by 69% over the last 10 years, and is projected to grow from 900,000 to 1.2 million by 2010. Treatment for diabetes and related conditions (including heart disease, stroke and kidney disease) currently costs Ontario over $5 billion each year.

The diabetes strategy will improve access to prevention programs and team-based care. It includes an online registry that will give patients access to information and educational tools so they can better manage their disease. The registry will also enable health-care providers to check patient records, access diagnostic information and send patient alerts. The registry will result in faster diagnosis, better treatment and improved management for Ontarians living with diabetes. The LHINs are committed to improving access to diabetes care by supporting the roll-out of the provincial diabetes strategy.

## Enhancing Mental Health and Addictions Services

Beyond these three priorities, the Ontario government has announced that it plans to enhance mental health and addictions services. About one in five Ontarians experiences a mental health or addiction problem at some time, and the cost to individuals and society is enormous. The Minister's Advisory Group on Mental Health and Addictions is laying the foundation for a 10-year strategy to address this important issue. For the first time, the province's strategy includes mental health and addictions services funded by ministries other than the Ministry of Health.

The LHINs will implement the provincial mental health and addictions strategy, helping to create a system that provides everyone who needs care with equitable access to safe, respectful and effective services.

## Building on an E-health Framework

Ontario's e-health strategy supports the province's other strategies. By investing in information technology infrastructure, including the diabetes registry and electronic health records, we can improve patient care and access. The LHINs look forward to building on e-health strategy innovations to enhance system-wide integration and improve our health-care system.

## Lessons Learned from Literature on High Performing Health-care Systems

It is worth noting that across the country and the world, there are many "best practices" and high performing health-care systems. Learning and using best practices contribute to higher performance through the transfer of knowledge from one organization or provider to others.

- Birmingham East and North Primary Care Trust, and Heart of England Foundation Trust focused on assertive case management, diabetes management, healthy hearts/cardiac care, end of life care, musculoskeletal orthopaedic services, and vascular care with telemedicine. These efforts improved the flow of patients, ensured they received the care when they required it, and allowed for implementation and focus on preventative care so as to manage sustainable cost and care.

- The Veterans Affairs New England Healthcare System has a strong emphasis on electronic medical records and clinical reminders. Moving in this direction supported efforts of standardized practices, which improved efficiencies, facilitated accountability and ensured sustainable excellence.

- Jönköping County Council in Sweden focussed on "systems thinking" instead of autonomous practices. There was also a focus on streamlining practices and the integration efforts needed to achieve such goals.

- Intermountain Healthcare in Utah focused on practice standardization across sectors, geography and practitioners. This focus allowed for better use of resources and reduced the chances of harmful (sometimes fatal) mistakes.

- The Henry Ford Health System in Michigan emphasized the importance of physician and administrative leadership to implement change in a measurable and sustainable way.

- Calgary Health Region focused on regionalization, which allowed for significant cost savings and improved care through economies of scale and integration of services. Required factors for regionalization were: creation of formal linkages between organizations; electronic information systems for sharing of information; regional planning; processes regarding flow of patients; and region wide monitoring. This success raises the question of pursuing regionalization of some services within the South East LHIN.

- Trillium Health Care in Mississauga provided insights into the four key factors that contributed to the success of quality improvements: leadership, strategy, staff development and culture redevelopment.

Through all of these previous examples we have learned that a focus on regional care with standardized practices will allow us to move forward in the direction of excellence. This direction needs visionary leadership in order to produce sustainable and improved patient care.

# 5. The Plan: Priorities for Development

A high performing integrated system of health care requires the interdependent functioning of high quality primary health care, mental health and addictions services, supportive living and specialized and emergency services. It must provide leadership in governance and ensure access for identified linguistic and cultural groups. The South East LHIN IHSP2 reaches for this level of excellent performance by clearly articulating the priorities for improvement of these component parts (see Table 2). The following pages describe the South East LHIN's priorities for development.

Each priority has objectives, measures and actions. Data analysis and community engagement have substantiated the priorities on which the LHIN has focused.

From the analysis within the South East LHIN and review as outlined in the previous section, the LHIN has focused on information from ReCAP, ENGAGE, IHSP1 priorities and accomplishments, MOHLTC priorities, and lessons learned from high performing health systems to identify its local priorities.

It is important to recognize that priorities outlined in this plan may change and evolve over the course of the plan's implementation. It is expected, however, that the South East LHIN, through the support of its providers, will assist in the successful delivery of the IHSP2 priorities.

The priorities of IHSP2 continue to flow from the six key areas upon which South East LHIN planning has been configured.

*Table 2: Priorities for development by planning area*

| Planning Area | IHSP2 Priority |
|---|---|
| **Primary Health Care** | • Developing a system of primary health care<br>• Enhancing a culture of patient centred care |
| **Mental Health & Addictions** | • Improving mental health and addictions service capacity |
| **Supportive Living** | • Implementing the Ontario diabetes strategy<br>• Furthering access through e-health<br>• Developing regional program management |
| **Specialized & Emergency Care** | • Improving access to emergency room care<br>• Reducing the incidence and prevalence of alternate level of care |
| **Culturally and Linguistically-Sensitive Health-Care Services** | • Expanding linguistically and culturally-sensitive health-care services |
| **Effective Leadership** | • Advancing system improvement through Boards working together |

The local priorities support relationships between the services the LHIN manages and funds and those such as primary health care and public health which are essential if we are to improve the health of our population. The local priorities support sustainability of our financial and human resources through integration and regionalization. They recognize and support equity with a focus on French language and Aboriginal populations. They focus on putting the patient first, not health-care organizations. They focus on fulfilling our commitment to the residents of the South East LHIN through strong and committed governance that is *"Reaching for Excellence."*

## A. Developing a System of Primary Health Care

***Primary care is typically considered care provided by a general practitioner or an advanced practice nurse. Primary health care (PHC) – also known as family health care – includes components of care which support primary care specialists in delivering and coordinating care and non-acute care services. Perceived as the heart and soul of health care, PHC is a cornerstone of the system where people get advice on maintaining and improving health, and link with acute care.***

***Unlike acute care, PHC is not truly organized as a system of care. There are many varied PHC providers and even teams working independently of one another. Few examples exist of Community Health Centres collaborating with Family Health Teams or sharing resources. PHC can be the integrator of the entire health-care system. Access to PHC can be increased in many ways such as by having interdisciplinary teams working together and sharing resources between PHC sites to best meet patient needs. Additionally, a more system-type approach to PHC could achieve more standardized access to specialty services. The South East LHIN has undertaken some early steps in this direction, but much is left to be accomplished.***

### Objectives:

- To support the continued development of access to primary health-care services for everyone who wants access to primary health-care services
- To reduce the use of emergency room and hospital services by patients who can be served by primary health care

#### Measures

- Number of people who have access to primary health care
- Number of people who are registered with Health Care Connect
- Percentage of Health Care Connect matches completed in 4 months or less
- Number of patients presenting in ER for non-urgent care

#### Planned Actions

- Open community health centre and satellite operation in Belleville & Quinte West.
- Support the establishment of nurse practitioner clinics or family health teams in communities with unmet primary health care needs.
- Support the establishment of nurse practitioner services on Tyendinaga Mohawk Territory.
- Work with family health teams and other primary health-care providers to encourage provision of full scope of practice/services and 24/7 access to primary health-care services outside of emergency rooms.
- Collaborate with public health units and other interested community groups (e.g., school boards) to encourage establishment of programs that facilitate reduction in obesity and inactivity.

## B. Enhancing a Culture of Patient Centred Care

***The need for patient centred care is commonly expressed by the public as an expectation of our health-care system. Patient centred or patient directed care includes good "customer" service, access and responsiveness. It also includes assistance in navigating and coordinating the many components of care or treatment a patient may require to maintain or improve health. Patient centred care is about quality service and quality care, where the needs of the patient and the population drive the utilization and deployment of resources. Within the South East LHIN, a culture of patient centred care must be fostered to ensure our system is integrated and appropriately responds to the needs of the individual and the population.***

### Objectives:

- To improve the patient experience
- To improve the efficiency and effectiveness with which individuals move within and between health-care services

#### Measures

**The South East LHIN will meet or exceed Ministry targets for:**

- wait times for cancer surgery
- wait times for cardiac by-pass procedures
- wait times for cataract surgery
- wait time for hip replacement surgery
- wait time for knee replacement surgery
- wait times for MRI scan
- wait times for CT scan
- median wait time to long-term care home admission

#### Planned Actions

- Establish coordinated access for all Community Support Services.
- Explore the establishment of an integrated 'Patient/Client Issues' office for the region.
- Establish an integrated medical transportation strategy across the region.
- Obtain capital funding for replacement of health vans.
- Require clinical practice improvements where waiting time performance for cancer surgery, cardiac by-pass procedures, cataract surgery, hip and knee replacement surgery, MRI and CT scans, fall below annual targets.
- Require strict application of long-term care home eligibility criteria.
- Support improvement to Community Support Services to build a system of supportive living across the South East.

## C. Improving Mental Health and Addictions Services Capacity

***In keeping with the planned development of the 10-year strategy on Mental Health and Addictions for the province, the South East LHIN will focus its efforts on integrating mental health and addictions services across the levels of care and with the main health-care system. Our efforts will focus on early identification and intervention in a seamless system of comprehensive, effective, efficient, proactive and population-based services and supports by revaluating current resources.***

### Objectives:

- To complete implementation of directives of Health Services Restructuring Commission
- To comply with the provincial Tier III divestment policy
- To standardize mental health and addictions intake and assessment access across the region
- To implement emerging provincial mental health and addictions priorities

#### Measures

- To be determined with the intent that they will be consistent with performance measures of other LHINs and the Ministry.

#### Planned Actions

- Transfer acute care mental health services from Royal Ottawa Health Care Group (ROHCG) Brockville site to Brockville General Hospital.
- Complete Tier III divestment of mental health services from Providence Care and ROHCG.
- Develop shared client access for all mental health and addictions services.
- End use of geographic 'silos' in the design and delivery of mental health and addictions services.
- Improve capacity for concurrent disorders (mental health plus addiction disorders) services.
- Develop 'bridges' between mental health services for children/youth and for young adults.
- Equalize access to psychiatrist care across the region.

## D. Developing Regional Program Management

*Residents of Southeastern Ontario express a need for improved access. What they often mean is enhancing capacity or providing more service. Access can be improved, capacity enhanced and service increased through better system management of our current regional resources. This is the concept of getting more from what is available. Regional program management is about managing health services, which may currently be managed separately in two or more sites across our region, as one program. It includes services that are delivered in multiple sites and are integrated across the region depending on volumes and availability of resources.*

*In the context of health care, it is about organizing and integrating capacity from a regional perspective instead of single isolated sites, with the following expected benefits:*

- *Common standards for care delivery and integration of services across a continuum of care;*
- *Common understanding of institutional site roles in delivering a regional system of care for specific programs (e.g. cardiac, orthopedics, general surgery, obstetrics, etc.);*
- *Improved communications between service sites;*
- *Common referral processes for family physicians and specialists;*
- *Common transfer protocols;*
- *Common understanding of return to referral site agreements;*
- *Joint human resource planning and recruitment across the sites. Clinicians could be hired into the regional program, serving one or more sites, understanding the regional program clinical protocols and the roles of each site component of the regional program.*

*Regional program management would allow for a clinical and administrative lead to facilitate the development of a common vision and targets, thus improving accountability for service performance across the region. A longer term goal may or may not include regional budgeting of the program. The concept will evolve over the course of the next three years beginning with orthopedic surgery (specifically hips and knees) and cardiac care. In the past two years orthopedic clinicians and administrators have held discussions about the development of a regional surgical program. To date, advancement has been achieved on a model for e-referrals and a common algorithm for assessment and referral (see priority for e-health).*

### Objectives:

- To regionally standardize access to and use of selected specialized medical care
- To consider the establishment of centres of excellence for some specialized medical/surgical procedures
- To maximize capacity across the South East health-care system by managing selected services at multiple sites through one coordinated management structure

**Measures**

- ❖ 90% of cardiac by-pass procedures fall within annually defined waiting times
- ❖ Ensure palliative care patients are no longer considered ALC
- ❖ Wait time to see a surgeon (Time 1)
- ❖ Common referral process developed for family physicians and specialists
- ❖ Common transfer protocols developed
- ❖ Common understanding of institutional roles in delivering a regional system of care for specific programs (e.g. cardiac, orthopedics, general surgery, obstetrics, etc.)

### Planned Actions

- Develop regional program management for cardiac services.
- Develop regional strategy for end-of-life services.
- Finalize regional surgical program implementation.
- Implement integrated management of critical care across all our critical care hospitals.
- Development and implementation of critical care medium surge capacity plan.
- Expand the use of integrated back-office services across health service providers.
- Evaluate the performance of the new 'Surgi-Centre' at Hotel Dieu Hospital and determine potential for future use.
- Build upon regional efforts for joint human resource planning and recruitment across the region. Develop innovative processes such as hiring clinicians into the regional program, service one or more sites, understanding regional program clinical protocols and the roles of each site within the regional program.

## E. Improving Access to Emergency Rooms

***Emergency rooms are seen as "canaries in the mine" of the health-care system. That means if something is not right with the local health system, it is often exposed from one's experience in the emergency room. When appropriate access to and flow through an emergency room is timely and successful, the public is confident that the health system is functioning well. A truly integrated health-care system makes the most effective use of the emergency rooms. We have an opportunity to improve access to and from the emergency room. All LHINs view this as an essential priority for change.***

### Objectives:

- To meet provincial standards for waiting times in emergency rooms
- To increase home support within the community to reduce the need of going to Emergency Rooms (ER)
- For those who access the ER, to reduce waiting time by improving ER capacity and performance
- To ensure clients who can be cared for at home are supported to remain in their homes

#### Measures

**Meet or exceed Ministry targets for:**

- ❖ Number of unscheduled ER visits per 1000 population
- ❖ Proportion of admitted patients admitted from ERs within Length of Stay (LOS) of < 8hrs;
- ❖ Proportion of non-admitted patients treated within respective (LOS) targets of: < 8hrs for CTAS* 1-2; < 6hrs for CTAS 3; < 4hrs for CTAS 4/5

*CTAS = Canadian Emergency Department Triage and Acuity Scale

#### Planned Actions

- ❖ Create an integrated process between the Community Care Access Centre (CCAC), Community Support Services (CSS) & hospitals to promptly provide community support for the most frail elderly (expediting ER discharges, reducing unnecessary admissions and avoiding repeat ER visits).
- ❖ Improve ER performance and capacity through a process improvement program focused on system review and streamlining processes.
- ❖ Implement electronic notification, referral and resource matching systems among hospital ERs, CCAC, and other providers.

## F. Reducing the Incidence and Prevalence of Alternate Level of Care

***When someone is placed into an acute care bed who does not need acute care or someone stays in an acute care bed when they no longer require acute care, the patient and the system are both compromised. The patient may lose strength or acquire an infection and the system loses or misuses valuable capacity. All patients should be appropriately placed in the setting that best fits their care needs.***

### Objectives:

- To reduce the number of people who wait in hospital for an alternate level of care
- For those who do wait in an alternate level of care, to shorten the time they spend waiting as ALC
- To change 'culture of placement' to a 'culture of going home'

#### Measures

**Meet or exceed Ministry targets for:**

- Percentage of ALC days
- Percentage of ALC patients
- Percentage of patients aged 75+ discharged home from acute care
- Amount of time spent waiting for admission to a long-term care home

#### Planned Actions

- Create an integrated process between the Community Care Access Centre (CCAC), Community Support Services (CSS) & hospitals to promptly provide community support for the most frail elderly (expediting ER discharges, reducing unnecessary admissions and avoiding repeat ER visits.)
- Expand the 'Flo' initiative to all hospital sites.
- Implement electronic notification, referral and resource matching systems among hospital ERs, CCAC and other providers.
- Implement daily physical activity routines for hospitalized patients over age 65.
- Designate clusters of dedicated long-term care interim admission beds across the LHIN.
- Designate clusters of dedicated short stay (convalescent & respite) long-term care beds across the LHIN.
- Establish a nurse practitioner service in long-term care homes program.
- Open a new long-term care home in Kingston in 2011.
- Support capital redevelopment of B & C rated long-term care homes across the region.

## G. Implementing the Ontario Diabetes Strategy

***Due to the high prevalence and impact of diabetes in the South East, an essential first step into chronic disease management will be to focus on this serious disease. We have opportunities to integrate diabetes care and the monitoring of management indicators. Lessons learned will drive other chronic disease management strategies.***

### Objectives:

- To meet expectations of this provincially required priority
- To implement Ontario's Diabetes Strategy as a first step in a broader chronic disease management model

#### Measures

- Percentage of people with diabetes, per year, who are unattached to a primary care provider
- Number of people who are evaluated by a qualified interdisciplinary diabetes team (education and nutrition counseling at a minimum)
- Percentage of people with diabetes who have had their LDL-C tested within past three years
- Percentage of people with diabetes who have had at least two HbA1C tests in the past year
- Percentage of people with diabetes who have had ACR and serum creatnine within an appropriate time period

#### Planned Actions

- Implement the Ontario Diabetes Strategy.
- Establish a regional diabetes coordination centre to provide leadership for a regional diabetes program and lead implementation of provincial priorities across the region.
- Consider reallocating existing diabetes resources to best meet population needs.
- Roll-out the provincial Diabetes Registry with the region.

## H. Furthering Access Through E-health

*E-health is a key enabler to achieving an integrated system of care. E-health will ultimately produce an electronic health record, but will also advance the electronic transfer of diagnostic requests and results, standard referral protocols, timely communication between professionals, and rapid access to current research. The South East LHIN will advance its e-health strategy in coordination with the provincial e-health strategy. E-health will lead and enable the diabetes strategy roll out. E-health will also lead and enable the regional surgical program e-referral initiative. Further, e-health will lead and enable initiatives to develop primary health care as a regional system of care.*

### Objectives:

- To meet expectations of this provincially required priority
- To implement Ontario's Diabetes Strategy as a first step in a broader chronic disease management model

#### Measures

- To be determined with the intent that they will be consistent with performance measures of other LHINs and the Ministry

#### Planned Actions

- Establish a joint population and health data analytical collaborative across the LHIN, public health units and selected health services providers.
- Support the establishment of on-line prescription ordering and clinical reporting.
- Finalize implementation of electronic diagnostic imaging services for exchange of images in the 7 hospital corporations in the South East LHIN.
- Fully implement the South East LHIN Regional Surgical Services Initiative - E-referral Quality Improvement Project to make it faster and easier for primary health care providers to link their patient with the most appropriate surgical and non-surgical treatments
- In cooperation with e-health Ontario improve overall e-health capabilities across LHIN health service providers through improvements to foundational systems.

## I. Expanding Culturally and Linguistically Sensitive Health-care Services

***The South East LHIN is committed to working with French language communities and the health providers serving them to ensure there is appropriate access to care in the French language. Equally, the South East LHIN will work with its Aboriginal communities to offer assistance in their efforts to ensure appropriate access to care.***

### Objectives:

- To establish strong working relationships with Aboriginal populations (Métis, off-reserve Aboriginal population, Mohawks of the Bay of Quinte)
- To assist identified health services providers to meet *French Language Services Act* requirements

**Measures**

- Percentage of identified French Language health service providers that convert to designated French language health services providers
- Designation of the South East LHIN organization as a French language service provider
- Measures for relationships with Aboriginal populations are under development

**Planned Actions**

- Continue engagement with Aboriginal populations.
- Establish designated French language services in Kingston.

## J. Advancing System Improvement Through Boards Working Together

***The role of health-care governance is evolving in the LHIN environment, where boards are not just responsible for overseeing the management of their own organization, but also for contributing to the development and functioning of an integrated system of care. The South East LHIN will continue to nurture an environment where Boards are working together to lead and support integration and system development.***

### Objectives:

- To effectively employ collaborative governance* to advance health-care system improvement through integration and better coordination of services
- Health service provider boards to accept fiduciary responsibilities to the health-care system
- To improve collaboration and information sharing between the LHIN and health service provider boards

**Measures**

- ❖ Voluntary integration initiatives developed
- ❖ Health service provider accountability agreements signed
- ❖ Health service provider service accountability agreements targets met
- ❖ Health service provider board awareness of LHIN accountability agreements and initiatives

**Planned Actions**

- ❖ Implement 1st Service Accountability Agreement (SAA) for long term care homes (April 1, 2010).
- ❖ Implement 2nd SAA for hospitals (April 1, 2010).
- ❖ Complete 2nd SAA for community health service agencies (including CCAC) (2010/11).
- ❖ Complete 3rd SAA for hospitals (2011/12).
- ❖ Complete 2nd SAA for long term care homes (2012/13).

****Note: Collaborative governance means that the LHIN board and health service provider boards work together to achieve the common goal of ensuring the residents of the South East LHIN have access to high-quality health services when and where they need them.***

# 6. How Success will be Demonstrated and Measured

As the primary planning document for the LHIN, the IHSP is the foundation upon which the entire LHIN accountability framework is based, reflecting the operational expectations outlined within the Ministry-LHIN Accountability Agreements. (See Figure 6).

This document details the means for the South East LHIN to advance its vision, consistent with the needs of its community and ensure alignment with our provincial system of health care. Further, the IHSP provides direction for creation of service accountability agreements with the health service providers that receive funding through the LHIN, as well as provides longer-term direction for the LHIN's annual business planning purposes.

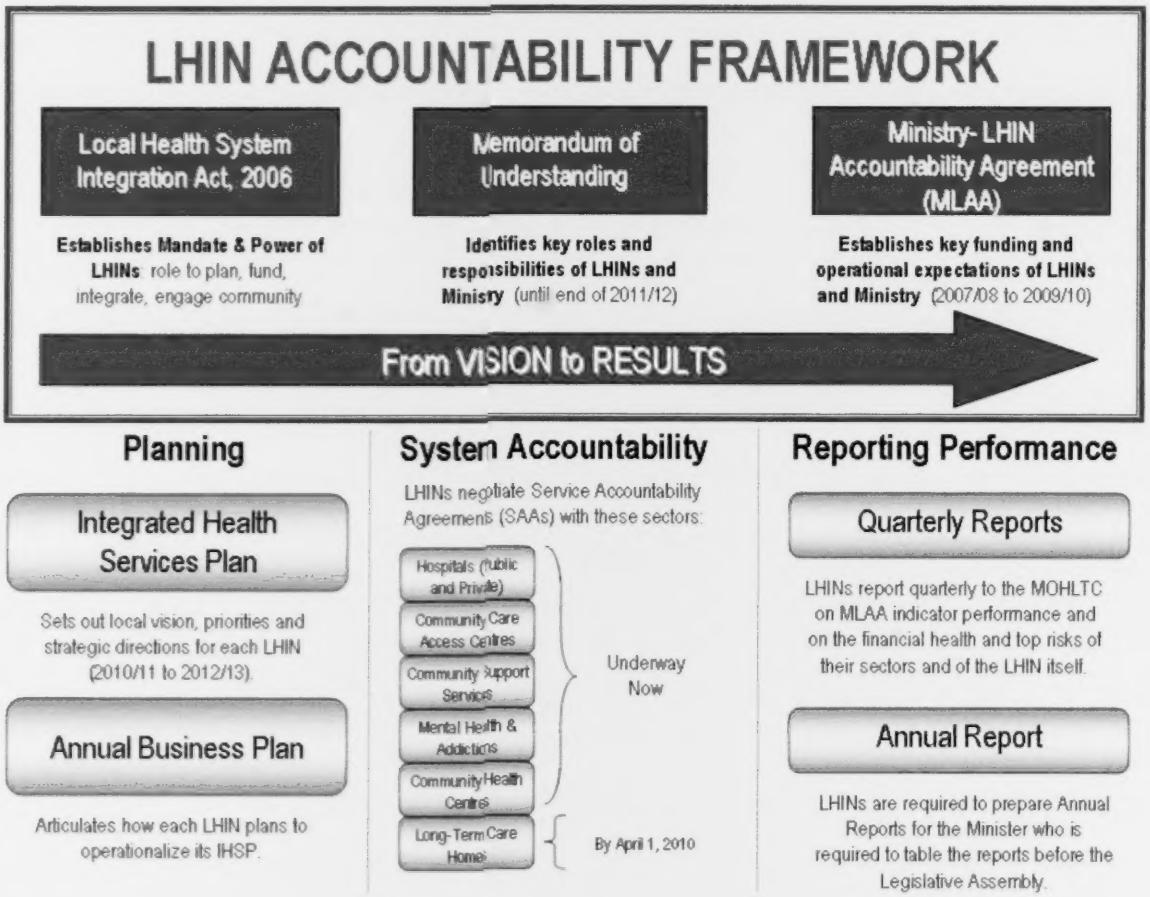
IHSP achievements and gaps are highlighted in quarterly reports to the Ministry as well as within annual reports that are tabled before the Legislative Assembly of Ontario.

The LHIN is also accountable to the Ministry through the Ministry-LHIN Accountability Agreement. The Board will provide reports to the Ministry on successes and challenges.

Most importantly, the South East LHIN is accountable to the public for progress in the health-care system. The LHIN will continue to develop ways to monitor projects, improve ways to evaluate the information received, and enhance the health-care system. The South East LHIN will do its best to get lasting results for the local health-care system.

The LHIN will post information about the progress made to date on the South East LHIN website so anyone interested can be aware of what is happening. It will continue to engage the community by being present in the local cities, towns and villages, and by keeping its door open when members of the community wish to visit or discuss concerns and issues.

*Figure 6: South East LHIN Accountability Framework*


LHIN ACCOUNTABILITY FRAMEWORK
Local Health System Integration Act, 2006
Memorandum of Understanding
Ministry- LHIN Accountability Agreement (MLAA)
Establishes Mandate & Power of LHINs role to plan, fund, integrate, engage community
Identifies key roles and responsibilities of LHINs and Ministry (until end of 2011/12)
Establishes key funding and operational expectations of LHINs and Ministry (2007/08 to 2009/10)
From VISION to RESULTS
Planning
Integrated Health Services Plan
Sets out local vision, priorities and strategic directions for each LHIN (2010/11 to 2012/13).
Annual Business Plan
Articulates how each LHIN plans to operationalize its IHSP.
System Accountability
LHINs negotiate Service Accountability Agreements (SAAs) with these sectors:
Hospitals (Public and Private)
Community Care Access Centres
Community Support Services
Mental Health & Addictions
Community Health Centres
Long-Term Care Homes
Underway Now
By April 1, 2010
Reporting Performance
Quarterly Reports
LHINs report quarterly to the MOHLTC on MLAA indicator performance and on the financial health and top risks of their sectors and of the LHIN itself.
Annual Report
LHINs are required to prepare Annual Reports for the Minister who is required to table the reports before the Legislative Assembly.

# 7. Conclusion

***"Together we can"***- Implicit in this statement, is that no one individual or one agency can fully deliver on this plan. To reach for excellence in creating a high performing health-care system that will result in better health for our communities, all those involved in the delivery of services and prevention of illness need to work together.

We are confident our plan is built on a solid foundation. This second Integrated Health Service Plan, *Reaching for Excellence,* is the LHIN's assurance to the residents of the South East region for safe, high quality, sustainable care. The South East LHIN is committed to a more integrated, results driven system where patient-centered care comes first.

Improvement in the health care system is an ongoing process which must be developed and implemented within the context of the population needs, focused on improvements to health outcomes, and enabling a higher quality of care. Resources and time commitments are necessary for integration to occur.

The LHIN will work towards alignment of the component parts of the health-care system to ensure care is seamless along the continuum from primary prevention to end of life care. This shift requires changes to our current system, structures, processes and incentives to move from silos to a truly integrated patient-centered system. There will be a greater focus on strong visionary leadership, changes in governance, accountability processes and demonstrated results.

Integrated health systems need to be designed to reflect the premise that different models are required for different populations; one size does not fit all. There is no doubt that service providers must have well developed performance plans; however, the effectiveness of the system must be judged by the interaction of its parts and not just on the performance of individual agencies. If a system is to be truly successful, then the whole must be greater than the sum of its parts. Success will require the system of care to be patient centered, seamless, efficient and effective.

We cannot be complacent. The IHSP2 must be seen as a living document, flexible to meet the changing needs of the health care system. If we are to be true to our commitment to the residents of the LHIN we must work collectively as a system in achieving the six pillars of excellence.

*Appreciation is extended to those who have been engaged in contributing to the creation of the second Integrated Health Services Plan for the South East LHIN.*

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